

REGISTRATION FORM

Last Name _____ First Name _____ Age ____ Sex: M/F
Grade Completed: pre-K/ K/ 1/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/ 11/ 12 Date of Birth _____
Address _____ City _____ State ____ Zip _____
Phone _____ Parents Name(s) _____

Program Attending: _____

Registration Fee: A non-refundable registration fee of \$100 is required by June 1.

The \$100 registration fee goes towards the camp fee. Refunds will be given at the discretion of the camp director.

Personal Payment _____ Church will pay _____
Bus Payment \$90 _____ Name of Church _____
Church Payment _____
Total Enclosed _____

TRANSPORTATION The fee for transportation is \$90. This fee is the same for one way or round trip. **Please circle** the pickup location and the drop off location for your camper.

| _____ | Leaving | Returning | Central Standard Time |
|-------------------------------------|---------|-----------|-----------------------|
| Sioux Falls Hawthorne Elementary | 9:00 am | 5:30pm | |
| Salem I-90 Truck Stop Exit #364 | 10:00am | 4:30pm | |
| Mitchell Truck Haven Exit #332 | 10:45am | 3:45pm | |
| Plankinton Coffee Cup Exit #310 | 11:15am | 3:15pm | |
| Oacoma Amaco/Arby's Exit #260 | 12:45pm | 2:30pm | |
| Vivian Convenience Store Exit # 212 | 2:00pm | 1:15pm | |

I agree to participate fully in the program for the camp I choose to attend. I will cooperate with campers and leaders, abide by camp policies and regulations and attend the entire session.

*Cell phones and medications will be turned in to camp staff
with the group at all times

* Campers will stay

I have read and understand the above rules.

Camper Signature _____ Pastor's Signature

Health Information

Emergency Contact: _____

Phone #: _____ Cell #: _____

Food Allergies _____

Please list all medications:

| <u>Medication</u> | <u>Dosage</u> | <u>Taken</u> |
|-------------------|---------------|----------------------|
| _____ | AM/noon/PM | _____ AM/noon/ PM |
| _____ | AM/noon/PM | _____ AM/noon/ PM |
| _____ | AM/noon/PM | _____ AM/noon/ PM |

**All medications must be in original containers and will be turned in to camp staff

Insurance Carrier _____

Participant's Name _____

The person herein described has permission to engage in all camp activities. In the event that I cannot be reached immediately in an emergency, I hereby give permission to the physician or hospital selected by the camp to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above. I hereby give permission to the assigned camp staff to administer any over-the-counter medication or prescribed medications that I have furnished in required doses. I give permission for camp staff to take photos/videos of my child for camp promotion.

In consideration of the opportunity to participate in camping activities at Placerville Camp, operated by the South Dakota Conference of the United Church of Christ, I do hereby for myself and, if

signing this release as a parent or guardian, on behalf of such child or ward, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such camping activity from which any cause to me, my child or ward, as the case may be, and do specifically release the Conference its agents, officers, employees and volunteers from all liability of any kind on account of any loss, injury, damage or death that may be suffered in connection therewith, including transportation.

signature of parent or guardian

Date